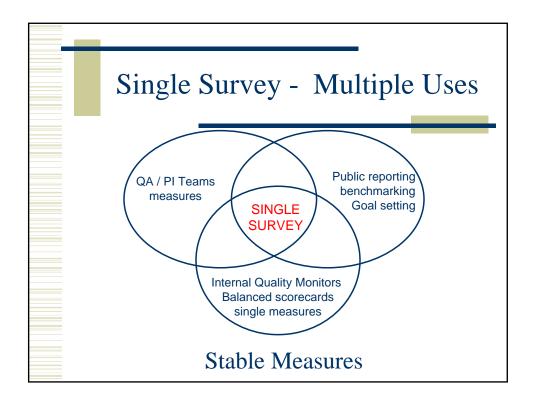
Integrating CAHPS Hospital Survey At UCLA Medical Center

Tony Padilla, MBA
Director, Patient Affairs
UCLA Healthcare

Agenda

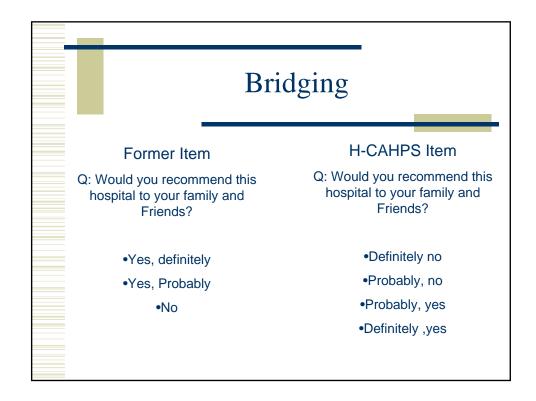
- Context of surveys
- Partnership with RAND
- Integrating H-CAHPS questions into ongoing survey
- Issues

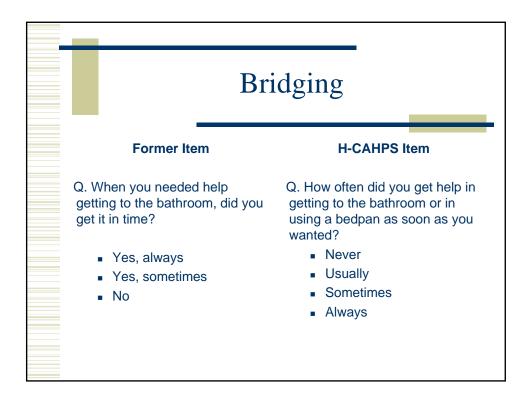


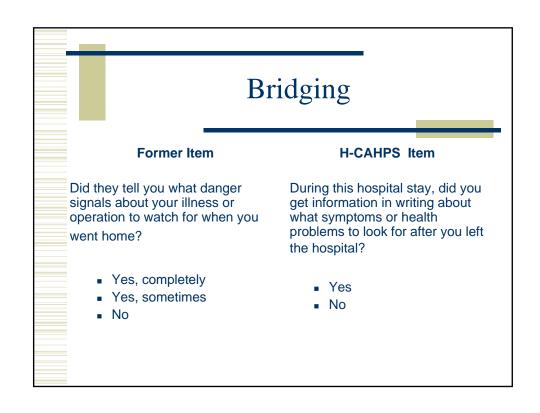


Objectives for Integration

- ◆ Create our "next generation" survey
 - starting with Adult Med-Surgery population
- Include all 27 H-CAHPS items
- Retain some old composites and items
- Maintain trends







03/31/2006 4

Item Selection Criteria

- H-CAHPS item
- CHART item
- Critical for Hospital Wide PI
- Critical for Department PI
- Necessary for Bridges

Key Decisions

- Mix 3 and 4 point scales
- Keep Emotional Support, Coordination of Care, Continuity and Transition Dimensions
- Abandon lower P.I. priority dimensions

03/31/2006 5

Resulting Survey

- 27 H-CAHPS Items
- 9 CHART Items
- 15 Items to retain key Picker Dimensions
- 26 Custom items for department specific PI (some to be deleted later)
- 7 Items needed for bridging (to be deleted later)
- 84 Total

Formatting Results Report

- Group H-CAHPS & Picker items
- Included more comparative information in report e.g. percentiles, means score, and response distribution (overall rating)

Lessons Learned

- "as long as I have a measure" departments have been willing to be flexible
- Early experience with H-CAHPS survey is positive
 - Improves leadership goal setting
- Importance of Documenting all steps in the integration and all versions of surveys
- Decisions for California Hospitals and CAHPS Hospital survey were "in-flux"

- •Learned that we had to revamp OB survey for CHART
- •Picker was also updating its survey using 4 point scales
- •Takes reengineering of our analytical databases programming